Georgia Department of Community Health (DCH)
Medicaid and CHIP Redesign Initiative

Frequently Asked Questions
Issued January 20, 2012

The following Frequently Asked Questions & Answers (FAQs) are intended to provide you with a greater understanding of Georgia's Medicaid and CHIP Redesign Initiative. Please check back often as new and updated Questions & Answers will be posted here. If you would like to submit a comment or question, please e-mail us at MyOpinion@dch.ga.gov.

1. **Why is Georgia Medicaid undertaking this review?**
   Georgia needs Medicaid and Children's Health Insurance Programs (CHIP) that will better meet current and future challenges. This Initiative was undertaken to help DCH look at various strategic options geared to achieving long-term program and financial sustainability, eliminating unnecessary administrative burdens, and improving quality and health outcomes for patients.

2. **Specifically, what are the reasons behind the Medicaid Redesign Initiative?**
   There are several: our growing population (Georgia's rate of growth is twice as fast as the national average); increasing demands on current Medicaid program services; ongoing budget pressures; a program-eligible population projected to expand by more than 650,000 enrollees under the Patient Protection and Affordable Care Act mandates starting in 2014; June 2014 timing of contract expirations of the three care management organizations (CMOs); and ongoing program alignment with both state and departmental goals.

3. **What are the goals of the Redesign Initiative?**
   We have three equally weighted goals:
   1. To improve health care outcomes for members (34%)
   2. To achieve long-term sustainable savings in services (33%)
   3. To enhance the appropriate use of services by members (33%)

4. **How will the goals of the Redesign be achieved?**
   There are six weighted strategies that will be used in achieving our goals:
   1. Gaining administrative efficiencies to become a more attractive payer for providers (20%)
   2. Ensuring timely and appropriate access to care for members within a reasonable geographic area (20%)
   3. Ensuring operational feasibility from a fiscal and administrative oversight perspective (20%)
   4. Aligning reimbursement with patient outcomes and quality vs. volume of services delivered (18%)
   5. Encouraging members to be accountable for their own health and health care with a focus on prevention and wellness (18%)

6. Developing a scalable solution to accommodate potential changes in member populations as well as potential changes in legislative and regulatory policies (4%)

5. Why is the Redesign important to the people of Georgia?

Redesigned Medicaid and CHIP Programs will become even more value-based to better serve patients, providers and taxpayers.

- Patients will have increased access to quality care and will be given the tools to make better health care choices – leading to improved health care outcomes.
- Providers will be encouraged to participate in Programs that ease administrative burdens and yield competitive payment rates for services rendered.
- And, taxpayers will be assured that Programs are value-driven, delivering increased program effectiveness, lowering costs and improving outcomes.

6. Why was a consulting firm brought in to help with the Redesign Initiative?

The Department sought the expertise of an external consulting firm with the experience and expertise to objectively collect and consolidate the information and data needed for the Department's review. Through our state's procurement process, Navigant Consulting, Inc. was retained to work with the Department of Community Health on this Initiative. Navigant was selected based on their insight, innovation and experience in working with leaders in the health care sector. In addition, the firm possesses deep industry knowledge in governmental service delivery.

7. Does the Redesign Initiative mean that current Medicaid and CHIP programs are "off-the-table" as part of the future Design Strategy?

We are assessing what is currently working well here in Georgia, and what could be working better. All delivery options (or variations of those options) are "on-the-table."

8. What is included in the Strategy Report?

The report includes National and Georgia-specific Environmental Scans of Medicaid and CHIP programs, as well as delivery system options for the Department to consider as it develops the future Design Strategy.

9. How will the various delivery options included in the Strategy Report be evaluated?

Each option will be analyzed through an in-depth review of their design elements, advantages and disadvantages. Then, each option will be scored against its ability to meet the Department's published goals and strategies as identified by DCH at the outset of Navigant's review.

10. This is a large report. Is there a more detailed Executive Summary available?

Yes. In the coming days, we will post an expanded Executive Summary. Check back to the www.dch.georgia.gov/medicaidredesign website for updates and new postings.

11. What is the Redesign process/timeline being followed?

The entire Redesign Initiative is divided into four phases: (I) Assessment; (II) Recommendation; (III) Procurement; and (IV) Implementation.

I. Assessment

August – December 2011. The Assessment Phase has been completed. This included a national environmental scan, a Georgia-specific scan, and a series of nearly 30 statewide-stakeholder focus groups and online surveys.

II. Recommendation

January 2012. Posting of the Strategy Report.
January – April 2012. Review and analysis of the Strategy Report.
April 2012. Finalization of the Redesign Model.

III. Procurement

April – July/August 2012. Procurement planning.
July/August 2012. Procurement documents posted.
January 2013. Contract award to successful vendors.

IV. Implementation

January/February 2014. Implementation begins.

12. Will we see administrative efficiencies come out of this Redesign?

One of the key strategies that the selected model(s) will address is the ability to achieve administrative efficiencies. This is a major strategic initiative for the Department. We recognize its importance to our Medicaid providers and to the long-term program and financial sustainability of the Programs.

13. With the expanded Medicaid population projected starting in 2014, how will the Medicaid system handle the increases?

The Department recognizes that we must develop a scalable solution to accommodate potential changes in member populations as well as potential changes in legislative and regulatory policies.

14. Will managed care be expanded to cover all Medicaid populations here in Georgia?

The Department remains open to all models that would most appropriately serve the needs of our Medicaid population. Expansion to cover all Medicaid populations has not been determined or ruled out at this point. The Strategy Report will help the Department to make these important decisions.

15. How do I share my opinions about the Strategy Report?

There are two preferred channels available for those interested in providing feedback to the Department.

To share detailed opinions, visit the DCH website at www.dch.georgia.gov/medicaidredesign for a link to our Feedback Tool, or you might go directly to the tool at http://www.surveymonkey.com/s/5ZDNJNK.

To share a brief comment, you can e-mail us at MyOpinion@dch.ga.gov.

16. Now that the Strategy Report is out, what happens next?

Our in-depth review of the Report and the various delivery options recommended is underway.

Your detailed comments about the Report may be shared with us at www.dch.georgia.gov/medicaidredesign and your brief comments may be sent to MyOpinion@dch.ga.gov. We anticipate having our final recommendation completed by late April 2012. See the timeline Q&A contained here for more details.

17. Will Medicaid physicians and hospitals experience reduced payment rates because of the Redesign?

Since we are still in the Evaluation Process of the Redesign, this cannot be answered with specifics. However, any Program changes would be intended to ease administrative burdens for providers and move the Department to more value-based purchasing for provider services rendered.

18. When will the vendor procurement documents be available to the public?

The need to procure vendor products and/or services will depend on the model(s) selected. Should procurement(s) be necessary, here is the tentative timeline as it stands now:

- May – July/August 2012. Procurement planning.
- July/August 2012. Procurement documents posted.
- January 2013. Contract award to successful vendors.

19. Is a public meeting being planned to announce the Redesign recommendation?

Yes, a tentative meeting is being scheduled for late April 2012. Once a definitive date, time and location have been finalized, we will post it on the DCH website.

20. When will the "Redesigned Medicaid" changes take effect?

The effective date(s) will depend largely on the design strategy/strategies selected for implementation. Tentatively, implementation would begin in early 2014.

21. Will health care reform (as it stands now) have an impact on Medicaid?

Yes. We conservatively estimate that it will add some 650,000-plus new enrollees in Medicaid during the 2014 – 2020 period.

22. Are other states undergoing a Redesign with their Medicaid programs?

Yes, and for many of the same reasons as Georgia. Throughout the assessment phase, we looked at numerous states with innovative programs. We noted that some states have completed their Redesign, some are just starting, and some are maintaining the status quo of their existing Programs.

23. Will Medicaid benefits change?

Medicaid benefits are defined through the Social Security Act and Medicaid agencies must provide access to mandatory benefits. Members will continue to have access to the Medicaid services that they have today.

24. Will the Redesign change the Medicaid programs currently being offered?

Since we are still in the Evaluation Process of the Redesign, we cannot answer with specifics. However, any Program changes would be expected to provide positive changes for those being served and those providing the service.

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